

MDR Tracking Number: M5-04-1103-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-16-03.

The IRO reviewed FCE and work hardening program from 1-15-03 to 3-5-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-24-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support the fee component of the dispute per Rule 133.307 (g)(3) (A-F). Therefore, no review can be conducted and no reimbursement recommended.

This Decision is hereby issued this 28th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

February 20, 2004

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IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
H&P and office notes
Physical Therapy notes
Functional Capacity Evaluation
Radiology report

Clinical History:

The patient sustained a work-related to his right knee on ____ that resulted in noticeable swelling and his being unable to walk. He sought medical attention from the company doctor for his injury. He was given an injection and placed off of work for 1 week. The pain and swelling improved, and he returned to work. Three days later, his knee swelled again and had pus. He returned to the company doctor and received another injection. He states that he had no improvement; therefore, he saw another doctor who started him on physical therapy 3 times a week for 3 months. The records indicate there were therapy notes from 6/7/02 through 12/11/02. In addition, an MRI of the right knee was interpreted as normal. A 3-phase bone scan of both knees was interpreted as unremarkable.

Disputed Services:

Functional capacity exam, work hardening/conditioning, and work hardening/conditioning – each additional hour, during the period of 01/15/03 through 03/05/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening/condition in dispute was not medically necessary in this case.

Rationale:

National Treatment Guidelines allow for treatment of this type of work-related injury, however, not of the magnitude, intensity, and frequency that this patient has received for this insect bite. Not only was the patient initially treated by the company doctor, he was also seen by another doctor and prescribed therapy 3 times a week for 3 months.

All the diagnostic testing that was performed was essentially normal. There is no clinical justification for this patient to undergo functional capacity exam, a work hardening/conditioning program during the period of 01/15/03 through 03/05/03.

The patient had received a tremendous amount of treatment with minimal response prior to enrolling in the work-hardening program. The records indicate that even after 6 weeks of work-hardening program, 6 hours a day, 5 days per week, there was very minimal improvement when compared to the functional capacity evaluation on January 10, 2003 to the functional capacity evaluation on 02/15/03.

Sincerely,